VEHICLE CAPITALIZATION, REPAIR, AND DISPOSAL REQUEST AND AUTHORIZATION

INSTRUCTIONS

Prepare <u>original and two copies</u>. Send original and first copy to the Regional Fleet Manager together with repair or installed accessory cost estimates or disposal documentation, whichever is applicable. Retain second copy in a suspense file. Upon receipt of approved (or disapproved) original, file in the Vehicle Jacket File and destroy the suspense copy.

ТО			FROM (Signature)		DATE
Regional Fleet Manager			Manager, Fleet Management Center		
	REQUI	FST			
ACTION					
CAPITALIZE	EXPEND	☐ REPAIR ☐ DISPOSAL		OSAL	
REASON					
EXCEED REPAIR LIMITATION		EXTEND LIFE			
UNECONOMICAL TO REPAIR	PURCHASE ACCESSORY EQUIPMENT	OTHER (Explain in Remarks)			
VEHICLE TAG NO.	YEAR/MAKE	VEHICLE DESCRIPTION (Equipment code)			
CAPITALIZED VALUE	BOOK VALUE	RESIDUAL/FAIR MARKET VALUE LIMITATION			
\$	\$ AS OF	\$		\$	
MILEAGE	VEHICLE CONDITION (Describe)	EST \$	IMATED COST (Attach estimates)		
REMARKS		<u> </u>			
AUTHORIZATION AUTHORIZING OFFICIAL (Signature and Title) DATE					
APPROVED	AUTHORIZING OFFICIAL (Signature and To	itie)		DATE	
DISAPPROVED					
ТО	•			•	

Manager, Fleet Management Center